



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

FEB 16 2006

Food and Drug Administration
2098 Gaither Road
Rockville MD 20850

EUROIMMUN US, LLC
c/o Ms Kathryn Kohl
Managing Director
Operations, Scientific & Regulatory
Tek Campus of Morris County
429 Rockaway Valley Rd.
Boonton TWP, NJ 07005

Re: k051489

Trade/Device Name: EUROIMMUN ANCA IFA Granulocyte BIOCHIP MOSAIC™ Test
System

Regulation Number: 21 CFR 866.5660

Regulation Name: Multiple autoantibodies, immunological test system

Regulatory Class: Class II

Product Code: MOB

Dated: May 31, 2005

Received: June 14, 2005

Dear Ms. Kohl:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality

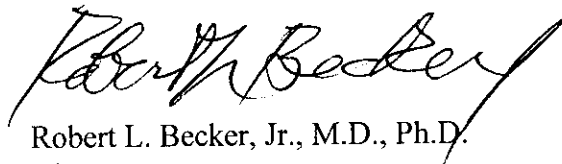
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systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (240) 276-0484. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address <http://www.fda.gov/cdrh/industry/support/index.html>.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Robert L. Becker, Jr.", with a stylized flourish at the end.

Robert L. Becker, Jr., M.D., Ph.D.

Director

Division of Immunology and Hematology Devices

Office of In Vitro Diagnostic Device Evaluation and Safety

Center for Devices and Radiological Health

Enclosure

Indication of Use Statement

510(k) Number (if known): K051489

Device Name: EUROIMMUN ANCAIFA Granulocyte BIOCHIP Mosaic™

Indications for Use:

Intended use:

This test kit is designed for qualitatively or semi-quantitatively determination of anti-Neutrophil cytoplasmic antibodies (ANCA) in serum. These antibodies are associated with Wegener's granulomatosis, microscopic arteriitis, Churg-Strauss syndrome and classic polyarteritis nodosa. For in vitro diagnostics use.

Prescription Use X
(Part 21 CFR § 801 Subpart D)

AND / OR

Over-the-Counter Use _____
(21 CFR § 807 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of In Vitro Diagnostic Devices (OIVD)

Maria Chan
Sign-Off

Office of In Vitro Diagnostic Device
Evaluation and Safety

K051489